



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State
 Matthew A. Brown, Secretary of State

Corporations Division
 100 North Main Street
 Providence, RI 02903 1335
 401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | |
|--|-------|--|---------------|
| 1 ID No. 129271 | | 2 Exact name of the limited liability company ARAMARK FHC, LLC | |
| 3 State of Formation DELAWARE | | 4 Brief description of the character of the business which is actually conducted in Rhode Island MANAGED SERVICES | |
| 5 Principal office address 1101 Market Street | | City Philadelphia | State PA |
| | | | Zip 19107 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Michael J. O'Hara | | Contact Title Vice President | |
| Street Address 1101 Market Street | | City Philadelphia | State PA |
| | | | Zip 19107 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE | | | |
| FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| | | | State |
| | | | Zip |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| | | | State |
| | | | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| Agent Name CT CORPORATION SYSTEM | | Address | |
| Address 10 WEYBOSSET STREET | | City PROVIDENCE | Zip 02903- |

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66



129271

File Date 10/6/05
 Check No. 0006387619
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 9/30/05
 Signature of Authorized Person
 Michael J. O'Hara, Vice President of
 Print or Type Name of Authorized Person
 Aramark Services, Inc. - Sole Member
 Form 632 Rev 703

6.14.0



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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Matthew A. Brown, Secretary of State
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100 North Main Street, Providence, RI 02903-1335
401.222.3040

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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| 1. ID No. <u>129271</u> | | 2. Exact name of the limited liability company <u>ARAMARK FHC, LLC</u> | |
| 3. State of Formation <u>DELAWARE</u> | | 4. Brief description of the character of the business which is actually conducted in Rhode Island | |
| 5. Principal office address <u>1101 MARKET STREET</u> | | City <u>PHILADELPHIA</u> | State <u>PA</u> |
| | | Zip <u>19107</u> | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name <u>MICHAEL J. O'HARA</u> | | Contact Title <u>VICE PRESIDENT</u> | |
| Street Address <u>1101 MARKET STREET</u> | | City <u>PHILADELPHIA</u> | State <u>PA</u> |
| | | Zip <u>19107</u> | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 7-16-52 | | | |
| Manager Name <u>ARAMARK SERVICES, INC - SOLE MEMBER</u> | | Manager Name | |
| Street Address <u>1101 MARKET STREET</u> | | Street Address | |
| City <u>PHILA.</u> | State <u>PA</u> | City | State |
| Zip <u>19107</u> | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| Agent Name | | Address | |
| Address | | City | |
| Eg | | Zip | |

This report must be signed in ink by an authorized person pursuant to 7-16-66.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 8/30/04
Signature of Authorized Person Date

MICHAEL J. O'HARA VICE PRESIDENT
Print or Type Name of Authorized Person
OF ARAMARK SERVICES, INC - SOLE MEMBER OF ARAMARK FHC, LLC
Form 632 Rev. 6/02

| | |
|---------------------------------|--------------------|
| File Date | <u>SEP 30 2004</u> |
| Check No. | <u>---</u> |
| By: | <u>[Signature]</u> |
| FOR SECRETARY OF STATE USE ONLY | |

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